

Docket No. 64987-A/JPW/GJG/BJA



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Gabriela Chiosis, Ivo. G. Boneca, and W. Clark Still
Serial No.	:	10/805,624 Examiner: S. Lee
Filed	:	March 18, 2004 Group Art Unit: 1624
For	:	METHOD FOR RE-SENSITIZING VANCOMYCIN RESISTANT BACTERIA
		USING AGENTS WHICH SELECTIVELY CLEAVE A CELL WALL DEPSIPEPTIDE
Mail Stop Ar COMMISSIONER P.O. Box 145 Alexandria,	R F	
Sir:		
Transmitted	'nе	rewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number	Highest		Number of	of	RATE			FEE	
	after Amend- ment	Number Previous Paid For		Extra Claims Present	ed	Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	7 -	* 0	=	***0	х	\$25_	\$50	=	0	
Indepen -dent Claims	1 _	**	_=	***	Х	\$100	\$200	II	0	
Multiple For Firs	Dependen t Time	\$180	\$360	11	0					
						TOTAL A	DDITIONA	Ŀ	s 0	-

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID

FOR" is less than "0", write "0".

Applicant(s): Gabriela Chiosis, et al.
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Amendment Transmittal Letter Page 2
The following are also enclosed:
X One additional copy of this Amendment Transmittal Letter
X Return Receipt Postcard
X An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes_X_ No
and a fee of \$ included)
A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time
Other (identify):
THE TOTAL FEE DUE IS \$
A check in the amount of \$ is enclosed.
Please charge Deposit Account No in the amount of
\$
The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. $\underline{03-3125}$ as follows:
X Fees under 37 C.F.R. §1.16 for the presentation of extra claims Patent application processing fees under 37 C.F.R. §1.17
Respectfully submitted,
I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Mail Stop Amendment Commissioner for Patents Cooper & Dunham LLP (Customer #23432)
Alexandria, VA 22313-1450. 1185 Avenue of the Americas New York, New York 10036 (212) 278-0400